MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1				1
8		1				1
9		1				
10		1	Canceled			
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		
20	1		1			
21		1		1		1
22		1		1		1
23		1		1		
24		1		1		
25		1		1		1
26		1		1		
27		1		1		1
28		1		1		1
29		1		1		1
30	1		Canceled		1	
31		1		1		
32		1		1		
33		1		1		
34		1		1		1
35		1		1		1
36		1		1		
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		
41		1		1		
42	1			1		1
43		1		1		1
44		1		1		h
45		1		1		
46		1		1		
47	1		1		1	
48		1		1		1
49		1		1		
50		1		1		1
TOTAL IND.	7		6		8	
TOTAL DEP.	55		52		53	
TOTAL CLAIMS	102		58		101	

Claim	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51		1		1		1
52		1		1		1
53	1		1		1	
54		1		1		1
55		1		1		1
56		1		1		1
57		1				
58		1				
59		1				
60				1		
61				1		
62	1			1		1
63						1
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						